

EXHIBIT I – CORONER DOCUMENTS

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

AUTOPSY REPORT

Incident In Custody Death		Autopsy Location CCOCME		Coroner's Case Number 19-1202		Event Number 190300010224	
Detective's Name and P# S. Mendoza #6878			Division IOCP	Forensic Pathologist Dr. Roquero		Forensic Pathologist's Assistant R. Akin	
Name of Decedent Roy Scott				Date 03/04/2019		Time 0705	
Gender Male	Race Black	Date of Birth [REDACTED]	Age 65	Height (inches) 74	Weight (pounds) 169	Hair Color Black	Eye Color Brown

Identification Features (Photograph and describe scars, marks, tattoos, facial hair, etc.)

Tattoo: "Elizabeth" on right upper arm and script on left upper arm

Beard/Mustache

Scar: lower abdomen

Clothing (Photograph and give a general description. Indicate specifics on Evidence Impound Report.)

☒ ON Decedent Clothing Retained? ☒ Yes ☐ No ☐ None

☐ OFF Decedent Clothing Retained? ☐ Yes ☐ No

Jeans, grey shoes, socks

General Photography

 Body Bag Seal #: 0074727 ☒ Clothed Body ☒ Pre-Cleaned Unclothed Body ☐ Post-Cleaned Unclothed Body

Specific Photography

☒ Injuries (With and without a scale. Describe below.) ☒ X-Rays ☐ Personal Property (Describe below.) ☐ Other (Describe below.)

Injuries: abrasions on his right knee, right hip, right shoulder, left cheek, his left forehead, under his right eye, on the right side of his head, on his left wrist, left shoulder, on his left knee, his left lower leg, the back of his right elbow, and the back of his right upper arm. There was also swelling on the left side of his head.

DNA Standards

Non-decomposed Bodies:

Decomposed Bodies:

Recover kidney (primary) or deep muscle and rib (secondary) samples (Freeze).

☒ Buccal Swabs ☐ Kidney ☐ Deep Muscle ☐ Rib ☐ Section of Long Bone (Air Dry)


Evidence Collected

 Sexual Assault Kit #: _____ ☐ Sheet ☒ Print Exemplars
☐ Bags on Hands ☐ Fingernails (Clippings/Scrapings/Swabs) ☐ Underwear
☐ Firearm Evidence ☐ Gunshot Residue Kit ☐ Oral Swabs/Floss
☐ External Genitalia Swabs ☐ Vaginal/Urinary Swabs ☐ Rectal Swabs
☐ Hair and/or Fibers ☐ Known Hair Standards ☐ Bite Mark Swabs
☐ Other: _____
☐ Items Retained by Coroner (Describe below.) Coroner Receipt #: _____

Connecting Reports

☒ Evidence Impound Report ☐ Money Accounting Report ☐ Other (Describe below.)

Additional Information

CSA Supervisor 	P# 8971	Date Approved 3-10-19	Crime Scene Analyst Heather Ubbens	P# 14792
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Qualtrax Number: LVMPD CSI 3810

Document Number: LVMPD 450

Issued By: CSI DIR

Revision Date: 04/12/2018

Page 1 of 1

LVMPD 000060

LLV190300010224

Clark County Coroner/Medical Examiner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

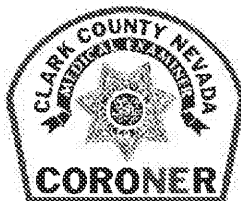


REPORT OF INVESTIGATION
Coroner Case

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) Scott, Roy Anthony		AKA		CASE NUMBER 19-01202	
	INVESTIGATOR Kristen Peters <i>KP</i>		REPORTED BY Rose McDonald, RN		REPORTING AGENCY Valley Hospital	
	CALL DATE AND TIME 3/3/2019 5:01:00 AM		DISPATCH DATE AND TIME 3/3/2019 7:30:00 AM		ARRIVAL DATE AND TIME 3/3/2019 7:40:00 AM	
					RETURN DATE AND TIME 3/3/2019 8:40:00 AM	
DECEDENT	DATE AND TIME OF DEATH 3/3/2019 4:38:00 AM		AGE 65 Yrs		GENDER Male	
	RACE Black American		VET? <input type="checkbox"/>			
	RESIDENT COUNTY Clark		TELEPHONE NO. (999) 999-9999		DATE OF BIRTH [REDACTED]	
	SOCIAL SECURITY NO. [REDACTED]		DRIVER'S LIC. NO. AND STATE 2104583148 NV		OCCUPATION Unknown	
	EMPLOYER Unknown					
	MARITAL STATUS Unknown		HEIGHT 74		WEIGHT 169	
	EYE COLOR Brown		HAIR COLOR Black/Gray			
CLOTHING Jeans, belt, socks, shoes		SCARS/TATTOOS/MARKS / "Elizabeth" Lt shoulder/				
DEATH	LOCATION OF DEATH Valley Hospital					
	ADDRESS (STREET, CITY, STATE, ZIP) 620 Shadow Lane Las Vegas, NV 89106					
	COUNTY Clark					
	<input checked="" type="checkbox"/> PRONOUNCED BY Dr. Rodil					
INCIDENT	AGENCY Valley Hospital					
	LOCATION OF INCIDENT Apartment Complex					
	ADDRESS (STREET, CITY, STATE, ZIP) 3601 El Conlon Avenue #217D Las Vegas, NV 89102					
	COUNTY Clark					
NOTIFICATION	DATE AND TIME OF INCIDENT 3/3/2019 3:09:00 AM		INVESTIGATING AGENCY Las Vegas Metropolitan Police Department		OFFICERS Det. Penny P#6042, CSA Ubbi	
	LEGAL NEXT OF KIN Rochelle Scott		RELATIONSHIP Daughter		TELEPHONE NO. (424) 610-0626	
	NOTIFIED BY Priscilla Chavez		METHOD Telephone		DATE AND TIME 3/3/2019 3:30:00 PM	
	NAME OF PERSON NOTIFIED Rochelle Scott		RELATIONSHIP Daughter		TELEPHONE NO. (424) 610-0626	
	IDENTIFIED BY FBI Special Processing		METHOD Fingerprints		DATE AND TIME 3/4/2019 1:30:00 PM	
	TRANSPORTED TO MORGUE BY Davis Funeral Home		TRANSPORTED TO MORTUARY BY Davis Funeral Home			
	FUNERAL HOME		CLOTHING RELEASED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
DISP	TYPE OF EXAM Autopsy		EXAM BY Leonardo Roquero M.D.			
VEHICULAR	DECEDENT WAS <input type="checkbox"/> Pedestrian <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Motorcyclist <input type="checkbox"/> Skateboard <input type="checkbox"/> Motorized Wheelchair					
	VEHICLE				LICENSE NUMBER	
	STATE					
OCCURRED ON PRIVATE PROPERTY		DECEDENT WEARING SEATBELT?		SEAT POSITION		
				DECEDENT WEARING CRASH HELMET?		

LVMPD 000061

Clark County Coroner
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REPORT OF INVESTIGATION

Case Number: 19-01202

DECEDENT NAME: Roy Anthony Scott
ALSO KNOWN AS:
LOCATION OF DEATH: Valley Hospital
DATE OF DEATH: 03/03/2019

DATE OF BIRTH: [REDACTED]
AGE: 65
SSN: [REDACTED]
TIME OF DEATH: 4:38AM

SUMMARY OF INVESTIGATION

Reason for Coroner Jurisdiction:

Officer Involved/ Referencing Las Vegas Metropolitan Police Department (LVMPD) Event #190300010224/ Valley Hospital Emergency Room (ER) Medical Record (MR) #63540998

Circumstances of Death:

Per LVMPD, on 3/3/19 the decedent called 911 reporting three males, one with a saw, at his door attempting to break in. Two officers arrived and noted no one outside and knocked several times on the decedent's apartment door. Although he did not answer the officer's reported hearing incoherent talking inside the apartment. The decedent exited the apartment with a metal pipe and cell phone. He complied with direction to drop the pipe and requested to step back as the police made him nervous. The officer's then witnessed a kitchen knife in the waistband of his pants. The decedent again complied with direction and handed the knife to the officers. They then instructed him that they would need to pat him down and he agreed. Upon placing hands on the decedent at approximately 0337 hours the decedent began to struggle. One officer took control of his head and shoulders the other took control of his arms and torso and handcuffed him at 0340 hours. Upon rolling him to his back they noted the decedent had labored breathing, placed him into the recovery position, and called for paramedics. Paramedics arrived and the decedent went into cardiac arrest in the ambulance. He was transported to Valley Hospital ER where his death was pronounced by Dr. Rodin at 0438 hours.

Medical History:

Per MR, the decedent had back pain, diabetes mellitus, emphysema, hypertension, high cholesterol, and paranoid schizophrenia. MR indicate that he reported alcohol and tobacco use. MR also state the decedent had previous gunshot wounds to his lower back and buttocks in past. A meth pipe with residue was reportedly located in the decedent's apartment.

Scene:

The incident reportedly occurred in the apartment complex where the decedent resided located at 3601 El Conlon Avenue, Las Vegas, Nevada 89102.

His death was pronounced at Valley Hospital ER room #E21 located at 620 Shadow Lane, Las Vegas, Nevada 89106.

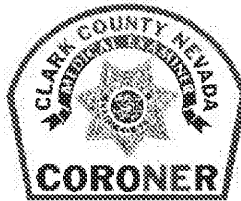
*Dissemination is restricted.
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Signature

A handwritten signature in cursive script, appearing to read "Kristen Peters".

Kristen Peters, Coroner Investigator

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REPORT OF INVESTIGATION

Case Number: 19-01202

Body:

On 3/3/19 I viewed the body of a 65 year old Black male lying supine on a hospital gurney. He was clad in a blue shirt (impounded by LVMPD), belt, jeans, socks, and shoes. Medical interventions were present and left intact. Apparent abrasions were noted to his head, face, knees, and arms. A large apparent knot was palpated and observed to the top left side of his head. His pupils were dilated equal and large in size with no signs of petechial hemorrhage. A head to toe physical examination of his body did not reveal any signs of crepitus, open wounds, or obvious masses. Lividity was posterior blanching and consistent with his position. Rigor mortis was full body.

Property:

The Inventory of Personal Effects #178420 states that items of apparent value and manageable size were impounded.

Forensic Issues and Reasons for Seal:

- Sealed
- Crime Scene Analyst (CSA) will attend exam, Force Investigation Team (FIT) will not attend exam however they will drop off body camera video for Medical Examiner's perusal.
- Abrasions to head, face, knees, arms.
- Medical interventions in place.
- MR obtained.
- No admit blood.
- Assistant Coroner Harding advised.

Witnesses and Information Sources:

Rose McDonald, Valley Hospital
Detective Penny, LVMPD
CSA Ubbens, LVMPD

Narrative:

On 3/3/19 this office was advised of a death at Valley Hospital ER. LVMPD contacted this office and also advised of the death as well as the time to meet at the hospital. Upon my arrival to the hospital I met with LVMPD who provided the aforementioned circumstances, the original time of call, and their event number. Davis Funeral Home was contacted per rotation. Attendant G. Vankatt and his partner arrived and wrapped the decedent in a clean white sheet, placed him into a body bag which I sealed, and prepared him for direct transport to this office.

Special Requests:

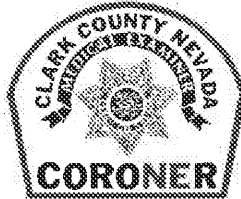
None

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Signature: _____

Kristen Peters, Coroner Investigator

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REPORT OF INVESTIGATION

Case Number: 19-01202

Tissue/Organ Donation:

Nevada Donor Network contacted per protocol.

PCH

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Signature

Kristen Peters
Kristen Peters, Coroner Investigator

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(702) 455-3210



AUTOPSY REPORT

Case Number: 19-01202

March 4, 2019

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF

ROY ANTHONY SCOTT

DIAGNOSES

1. Methamphetamine intoxication
 - Postmortem toxicology report
 - o Peripheral blood
 - * Cotinine Positive ng/mL
 - * Naloxone Positive ng/mL
 - * Amphetamine 130 ng/mL
 - * Methamphetamine 1100 ng/mL
 - o Vitreous fluid
 - * Creatinine 0.90 mg/dL
 - * Sodium 140 mmol/L
 - * Potassium 13 mmol/L
 - * Chloride 122 mmol/L
 - * Glucose 135 mg/dL
 - * Urea Nitrogen 20 mg/dL
2. Hypertensive and arteriosclerotic cardiovascular disease
 - Cardiomegaly, 540 grams, with ventricular hypertrophy
 - Hypertensive changes in the kidneys and lungs
 - Coronary artery disease
 - Atherosclerosis of the aorta and aortic valve
 - Myocardial fibrosis
3. Paranoid schizophrenia, clinical
4. Emphysema
5. Multinodular goiter
6. Diabetes mellitus, clinical
7. Injuries
 - Abrasions on the occipital region of the head, forehead, right eyebrow, right side of the bridge of the nose, cheeks, posterior right shoulder, arm and elbow, lateral proximal right thigh, anterior-lateral right knee and subjacent leg, posterior right knee, anterior left knee, and anterior-lateral left leg

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AUTOPSY REPORT

Case Number: 19-01202

- Focal hemorrhage in the left temporalis muscle and adjacent frontal region of the head
- Abrasions around the wrists consistent with handcuffs

OPINION:

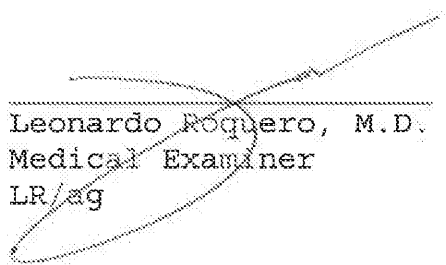
It is my opinion that death was caused by methamphetamine intoxication

Postmortem toxicology result revealed methamphetamine and its breakdown product in the blood which can induce confusion, anxiety, hypertension, hyperthermia, convulsions, excited delirium, hallucinations, respiratory and/or cardiac failure. Autopsy revealed hypertensive and arteriosclerotic cardiovascular disease which contributed to death. There were abrasions on the body and focal soft tissues hemorrhage in the left side of the head but did not cause or contribute to death. Investigation including review of body camera videos did not reveal restraint procedure related to death.

CAUSE OF DEATH: Methamphetamine intoxication

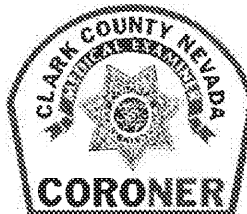
OTHER SIGNIFICANT CONDITIONS: Paranoid schizophrenia, hypertensive and arteriosclerotic cardiovascular disease

MANNER: ACCIDENT


Leonardo Riquero, M.D.
Medical Examiner
LR/ag

DATE: 3/20/2019

Clark County Coroner
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AUTOPSY REPORT

Case Number: 19-01202

March 4, 2019

POSTMORTEM EXAMINATION ON THE BODY OF

Roy Anthony Scott

Date of Pronounced Death: March 3, 2019

Date of Postmortem Examination: March 4, 2019

EXTERNAL EXAMINATION:

The body was received sealed with seal number 0074727 along with the Clark County Coroner Case identification tag. The body was that of a normally developed and nourished, Black American male, appearing about the recorded age of 65 years. The body measured 74 inches in length and weighed 169 pounds (BMI = 21.7 kg/m²). Rigor mortis was waning. Livor mortis was present posteriorly and fixed. Clothing consisted of belted jeans, socks and shoes. The head was normocephalic and the scalp hair was black and short. The eyes had white sclerae, pale conjunctivae, and brown irides. The dentition was natural. There was a mustache and goatee. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The thorax was symmetrical. The abdomen was flat. The external genitalia were those of a normal adult uncircumcised male. The back showed no significant deformities or other abnormalities. There were tattoos on the body. There were scars on the torso and extremities. A medical bracelet encircled the left wrist.

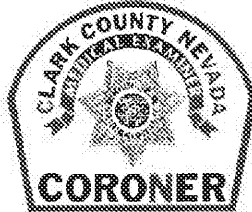
EVIDENCE OF TREATMENT:

Endotracheal tube with mucosal lip abrasions, intraosseous line in the left shoulder, pulse oximeter attached to the left thumb, blood pressure cuff around the left arm, and defibrillator and electrocardiograph pads were present.

EVIDENCE OF INJURY:

There were abrasions on the occipital region of the head, forehead, right eyebrow, right side of the bridge of the nose,

Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
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AUTOPSY REPORT

Case Number: 19-01202

PAGE TWO

cheeks, posterior right shoulder, arm and elbow, lateral proximal right thigh, anterior-lateral right knee and subjacent leg, posterior right knee, anterior left knee, and anterior-lateral left leg. Internally, there was focal hemorrhage in the left temporalis muscle and adjacent frontal region of the head. There were abrasions around the wrists.

INTERNAL EXAMINATION:

ORGAN WEIGHTS (in grams):

Brain:	1300
Heart:	540
Right Lung:	900
Left Lung:	820
Liver:	1900
Spleen:	70
Right Kidney:	180
Left Kidney:	190

An autopsy was performed utilizing the normal thoraco-abdominal and posterior coronal scalp incisions. The pleural, pericardial, and peritoneal cavities had smooth serosal surfaces and the viscera were in their normal anatomical positions. An anterior and posterior neck dissection with internal examination of the underlying muscles, vessels, and structures was performed. Except for the above previously described injuries, the internal systems were as follows:

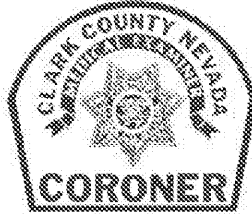
Head:

No abnormality was noted in the dura, meninges or the base of the skull. The 1300 gm brain was free of neoplastic and other focal lesions, infarcts, and hemorrhages. The cerebral vascular system was unremarkable.

Neck:

No abnormality was noted in the cervical muscles, hyoid bone, laryngeal cartilages, trachea, or the cervical vertebral column.

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1704 Pinto Lane
Las Vegas, NV 89106
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AUTOPSY REPORT

Case Number: 19-01202

PAGE THREE

Cardiovascular System:

The 540 gm enlarged heart had a moderate amount of epicardial fat. The left anterior descending, right coronary and circumflex arteries contained atherosclerotic disease with 50%, 25% and 25% luminal stenosis, respectively. No acute thrombi were present. The left ventricle, septum and right ventricular wall measured 1.6 cm, 2.0 cm and 0.4 cm in thickness, respectively. There was no endomyocardial fibrosis. The chordae tendineae were thickened. The aortic valve had atherosclerosis. The remaining valves were unremarkable. The aorta had atherosclerosis. The major arteries and great veins showed normal distribution.

Respiratory System:

The larynx and trachea were unremarkable. The right and left lungs weighed 900 gm and 820 gm, respectively. There was congestion and edema in the parenchyma. No pulmonary emboli were identified.

Hepatobiliary System:

The 1900 gm liver had firm dark tan surfaces and red-tan parenchyma. The gallbladder and biliary tracts were unremarkable.

Hemolymphatics:

The 50 gm spleen had smooth surfaces and dark purple firm pulp. There was no significant lymphadenopathy.

Alimentary System:

The tongue, esophagus, stomach, small bowel, appendix and colon were unremarkable. The lining of the stomach had an intact and unremarkable rugal pattern and the contents of the stomach consisted of approximately 150 mL of partially digested food.

Pancreas:

The pancreas showed an unremarkable tan lobulated pattern.

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AUTOPSY REPORT

Case Number: 19-01202

PAGE FOUR

Endocrine System:

The thyroid gland had a multinodular configuration. The adrenal glands were each unremarkable with golden-yellow cortices.

Genitourinary System:

The right and left kidneys weighed 180 gm and 190 gm, respectively. Each kidney had smooth cortical surfaces, normal cortico-medullary regions and no changes in the calyceal systems, pelves, ureters, or bladder.

Musculoskeletal System:

Except for the above noted injuries, all the muscles and axial skeleton were free of any significant abnormalities.

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken. There was no evidence of fractures present.

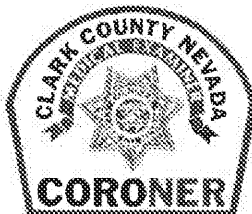
MICROSCOPIC DESCRIPTION

Cassette Summary:

- 1-2. Heart
3. Liver, kidney and pancreas
- 4-6. Lung
7. Thyroid
7. Heart, septum
8. Heart, septum
9. Brain, cerebral cortex (including meninges)
10. Brain, hippocampus

Heart: myocyte hypertrophy, myocardial and interstitial fibrosis, epicardial scarring with subjacent clusters of lymphocytes

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AUTOPSY REPORT

Case Number: 19-01202

PAGE FIVE

Liver: moderate lymphocytic infiltrates with few neutrophils in the portal tracts

Kidney: vascular wall thickening

Lungs: edema, disrupted alveolar septae, vascular wall hyalinization and thickening, anthracosis, pigmented histiocytes

Thyroid gland: varisized follicles interspersed with stromal fibrosis; some of the follicles have neutrophilic infiltrates with reactive atypia

Brain and pancreas: no significant histopathologic findings



NMS Labs

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3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437

Phone: (215) 657-4900 Fax: (215) 657-2972

e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 03/15/2019 12:03

To: 10294

Clark County Coroner's Office
Attn: David Mills
1704 Pinto Lane
Las Vegas, NV 89106

Patient Name SCOTT (TENT), ROYA
Patient ID 19-01202
Chain 19062695
Age 65 Y DOB Not Given
Gender Male
Workorder 19062695

Page 1 of 5

Positive Findings:

Compound	Result	Units	Matrix Source
Cotinine	Positive	ng/mL	001 - Peripheral Blood
Naloxone	Positive	ng/mL	001 - Peripheral Blood
Amphetamine	130	ng/mL	001 - Peripheral Blood
Methamphetamine	1100	ng/mL	001 - Peripheral Blood
Creatinine (Vitreous Fluid)	0.90	mg/dL	005 - Vitreous Fluid
Sodium (Vitreous Fluid)	140	mmol/L	005 - Vitreous Fluid
Potassium (Vitreous Fluid)	13	mmol/L	005 - Vitreous Fluid
Chloride (Vitreous Fluid)	122	mmol/L	005 - Vitreous Fluid
Glucose (Vitreous Fluid)	135	mg/dL	005 - Vitreous Fluid
Urea Nitrogen (Vitreous Fluid)	20	mg/dL	005 - Vitreous Fluid

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)
8054B	Postmortem, Expanded with NPS, Blood

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	9.25 mL	03/04/2019 09:25	Peripheral Blood	
002	Gray Top Tube	9.75 mL	03/04/2019 09:25	Peripheral Blood	
003	Gray Top Tube	9.5 mL	03/04/2019 09:25	Heart Blood	
004	Gray Top Tube	9.5 mL	03/04/2019 09:25	Heart Blood	
005	Red Top Tube	2 mL	03/04/2019 09:25	Vitreous Fluid	
006	Green Vial	12 mL	03/04/2019 09:25	Urine	
007	White Plastic Container	49.1 g	03/04/2019 09:25	Liver Tissue	

All sample volumes/weights are approximations.

Specimens received on 03/05/2019.

NMS v.18.0

LVMPD 000072



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Workorder 19062695
Chain 19062695
Patient ID 19-01202

Page 2 of 5

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Cotinine	Positive	ng/mL	200	001 - Peripheral Blood	LC/TOF-MS
Naloxone	Positive	ng/mL	1.0	001 - Peripheral Blood	LC/TOF-MS
Amphetamine	130	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS
Methamphetamine	1100	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS
Creatinine (Vitreous Fluid)	0.90	mg/dL	0.050	005 - Vitreous Fluid	Colorimetry
Sodium (Vitreous Fluid)	140	mmol/L	80	005 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	13	mmol/L	1.0	005 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	122	mmol/L	70	005 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	135	mg/dL	35	005 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	20	mg/dL	3.0	005 - Vitreous Fluid	Chemistry Analyzer

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Amphetamine - Peripheral Blood:

Amphetamine (Adderall, Dexedrine) is a Schedule II phenethylamine CNS-stimulant. It is used therapeutically in the treatment of narcolepsy and obesity and also in the treatment of hyperactivity in children. Amphetamine has a high potential for abuse. When used in therapy, initial doses should be small and increased gradually. In the treatment of narcolepsy, amphetamine is administered in daily divided doses of 5 to 60 mg. For obesity and children with attention deficits, usual dosage is 5 or 10 mg daily.

Following a single oral dose of 10 mg amphetamine sulfate, a reported peak blood concentration of 40 ng/mL was reached at 2 hr. Following a single 30 mg dose to adults, an average peak plasma level of 100 ng/mL was reported at 2.5 hr. A steady-state blood level of 2000 - 3000 ng/mL was reported in an addict who consumed approximately 1000 mg daily.

Overdose with amphetamine can produce restlessness, hyperthermia, convulsions, hallucinations, respiratory and/or cardiac failure. Reported blood concentrations in amphetamine-related fatalities ranged from 500 - 41000 ng/mL (mean, 9000 ng/mL). Amphetamine is also a metabolite of methamphetamine, benzphetamine and selegiline.

2. Chloride (Vitreous Fluid) - Vitreous Fluid:

Normal: 105 - 135 mmol/L

3. Cotinine (Nicotine Metabolite) - Peripheral Blood:

Cotinine is a metabolite of nicotine and may be encountered in the fluids and tissues of an individual as a result of tobacco exposure.

Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine and a separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

4. Creatinine (Vitreous Fluid) - Vitreous Fluid:

Normal: 0.6 - 1.3 mg/dL

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LVMPD 000073



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Workorder 19062695

Chain 19062695

Patient ID 19-01202

Page 3 of 5

Reference Comments:

5. Glucose (Vitreous Fluid) - Vitreous Fluid:

Normal: <200 mg/dL

Postmortem vitreous glucose concentrations >200 mg/dL are associated with hyperglycemia.

Since postmortem vitreous glucose concentrations decline rapidly after death both in vivo and in vitro, care should be taken in the interpretation of results. Stability of vitreous glucose for up to 30 days has been noted by NMS Labs when specimens are maintained frozen (-20°C).

6. Methamphetamine - Peripheral Blood:

d-methamphetamine is a DEA schedule II stimulant drug capable of causing hallucinations, aggressive behavior and irrational reactions. Chemically, there are two forms (isomers) of methamphetamine: l- and d-methamphetamine. The l-isomer is used in non-prescription inhalers as a decongestant and has weak CNS-stimulatory activity. The d-isomer has been used therapeutically as an anorexic agent in the treatment of obesity and has potent CNS-, cardiac- and circulatory-stimulatory activity. Amphetamine and norephedrine (phenylpropanolamine) are metabolites of methamphetamine. d-methamphetamine is an abused substance because of its stimulatory effects and is also addictive.

A peak blood concentration of methamphetamine of 20 ng/mL was reported at 2.5 hr after an oral dosage of 12.5 mg. Blood levels of 200 - 600 ng/mL have been reported in methamphetamine abusers who exhibited violent and irrational behavior. High doses of methamphetamine can also elicit restlessness, confusion, hallucinations, circulatory collapse and convulsions.

*In this case, the level of methamphetamine determined has not been differentiated according to its isomeric forms. Differentiation of the isomers of methamphetamine is available upon request.

7. Naloxone (Narcan®) - Peripheral Blood:

Naloxone is a narcotic antagonist used to counter the central nervous system depression effects of opioids, including respiratory depression. It is also used for the diagnosis of suspected acute opioid overdose. Naloxone is available as a 0.4 mg/mL solution of the hydrochloride for parenteral injection.

Naloxone is also available in combination with buprenorphine (Suboxone®) for the treatment of opioid dependence. This combination is available in tablets of 2 mg buprenorphine with 0.5 mg naloxone or 8 mg buprenorphine with 2 mg of naloxone for sublingual administration.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

8. Potassium (Vitreous Fluid) - Vitreous Fluid:

Normal: <15 mmol/L

Quantitative results for Potassium will be affected if performed on gray top tubes since these collection tubes contain potassium oxalate.

9. Sodium (Vitreous Fluid) - Vitreous Fluid:

Normal: 135 - 150 mmol/L

Quantitative results for sodium will be affected if performed on gray top tubes since these collection tubes contain sodium fluoride.

10. Urea Nitrogen (Vitreous Fluid) - Vitreous Fluid:

Normal: 8 - 20 mg/dL

Sample Comments:

001 Physician/Pathologist Name: DR. ROQUERO

001 Select testing may have been performed at: 200 Welsh Road, Horsham, PA 19044-2208

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded thirteen (13) months from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed. Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

NMS v.18.0

LVMPD 000074



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Workorder 19062695

Chain 19062695

Patient ID 19-01202

Page 4 of 5

Workorder 19062695 was electronically signed on 03/15/2019 11:41 by:

Wendy R. Adams, Ph.D., F-ABFT

Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 1919FL - Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic) - Vitreous Fluid

-Analysis by Chemistry Analyzer for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Chloride (Vitreous Fluid)	70 mmol/L	Sodium (Vitreous Fluid)	80 mmol/L
Glucose (Vitreous Fluid)	35 mg/dL	Urea Nitrogen (Vitreous Fluid)	3.0 mg/dL
Potassium (Vitreous Fluid)	1.0 mmol/L		

-Analysis by Colorimetry (C) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Creatinine (Vitreous Fluid)	0.050 mg/dL		

Acode 52485B - Amphetamines Confirmation, Blood - Peripheral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamine	5.0 ng/mL	Norpseudoephedrine	5.0 ng/mL
Ephedrine	5.0 ng/mL	Phentermine	5.0 ng/mL
MDA	5.0 ng/mL	Phenylpropanolamine	5.0 ng/mL
MDEA	5.0 ng/mL	Pseudoephedrine	5.0 ng/mL
Methamphetamine	5.0 ng/mL		

Acode 8054B - Postmortem, Expanded with NPS, Blood - Peripheral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry QTRAP (LC-MS/MS QTRAP) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
4-cyano-CUMYL-BINACA	0.10 ng/mL	5-fluoro-EDMB-PINACA	0.10 ng/mL

NMS v.18.0

LVMPD 000075



CONFIDENTIAL

Workorder 19062695

Chain 19062695

Patient ID 19-01202

Page 5 of 5

Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
5-fluoro-MDMB-PICA	0.10 ng/mL	MDMB-CHMCZCA	0.10 ng/mL
5-fluoro-MDMB-PINACA / 5-fluoro-EMB-PINACA	0.20 ng/mL	MDMB-CHMICA	0.10 ng/mL
5-fluoro-MMB-PINACA	0.050 ng/mL	MDMB-CHMINAC	0.10 ng/mL
5-fluoro-NA-PIC	0.10 ng/mL	MDMB-FUBICA	0.10 ng/mL
5-fluoro-QU-PINAC	0.10 ng/mL	MDMB-FUBINACA / EMB-FUBINACA	0.10 ng/mL
ADAMANTYL-FUBINACA	0.20 ng/mL	MMB-CHMICA	0.10 ng/mL
ADMB-CHMINACA	0.10 ng/mL	MMB-CHMINACA	0.20 ng/mL
ADMB-FUBICA	1.0 ng/mL	MMB-FUBICA	1.0 ng/mL
ADMB-FUBINACA	1.0 ng/mL	MMB-FUBINACA	0.10 ng/mL
AMB-CHMINACA	1.0 ng/mL	NA-FUBIC	1.0 ng/mL
AMB-FUBINACA	1.0 ng/mL	NA-FUBIM	0.20 ng/mL
CUMYL-THPINACA	0.10 ng/mL		

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotics, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.